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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 838  
Registrar's No. 78

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County City of St. Louis  
(b) City or town City of St. Louis  
(c) Name of hospital or institution: Lutheran Hospital  
(d) Length of stay: In hospital or institution 70 Years  
In this community 70 Years

3. (a) PRINT FULL NAME May Pickering  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Chas. E. Pickering  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 1-23-1873

8. AGE: Years 70 Months 11 Days 10  
If less than one day hr. min.

9. Birthplace Missouri

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER  
12. Name Robert Vernell  
13. Birthplace St. Louis Missouri  
14. Maiden name Esther Curlus  
15. Birthplace Missouri

16. (a) Informant Carl Pickering  
(b) Address 6142 Simpson

17. (a) Burial (b) Date thereof 1-6-44  
(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 So. Grand

19. (a) JAN 4 - 1944 (Date received local registrar)  
J. J. Predeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town City of St. Louis  
(d) Street No. 6142 Simpson  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 3rd  
year 1944 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-2-1943 to 1-3-1944  
that I last saw her alive on 1-3-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Rt. breast.  
Due to  
Due to  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Ca Rt. breast.  
Of operations  
Of autopsy: Metastasis to spine

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. J. Smith (M. D. or other)  
Address 6006 W. Ave Date signed 1-5-44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Virgil L. Berryman*

Licensed Embalmer No.....

*74018*

P. O. Address.....

*St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.